Department of Health
Early Intervention Services

Performance Report

Performance Period October 2004–December 2004

Introduction

This report presents information about the performance of operations and services of the Early Intervention Section (EIS) and Healthy Start from October through December 2004.

Data are presented in six performance areas:

- *Enrollment:* Data are provided on the number of children who were served, by island and statewide.

- *Service Gaps:* Data include the number of Part C eligible infants and toddlers who experienced service gaps, by island and statewide.

- *Personnel:* Information on personnel, by island and statewide, is collected to ensure there are sufficient personnel to serve the eligible population. Personnel data for EIS are divided by roles: social work, direct service, and central administration. Caseload data include the number and percentage of social workers that have weighted caseloads of no more than 1:45. Personnel data for Healthy Start staff (central administration positions) are provided.

- *Training Opportunities:* Training data include the number of early intervention (EI) staff, families, and other community providers (including Department of Education preschool special education teachers, community preschool staff, etc.) who participated in training activities. Information includes trainings provided or supported by EIS and Healthy Start.

- *Quality Assurance:* Information on quality assurance activities for EIS and Healthy Start are provided.

- *Funding:* Data on appropriations, allocations, and expenditures are provided.

Strengths and challenges to the early intervention system for October through December 2004 are summarized.

Enrollment

Early Intervention Section

Monthly Enrollment

Monthly enrollment data for infants and toddlers served by EIS from October through December 2004 are shown in Table 1.

Table 1. EIS Monthly Enrollment Data

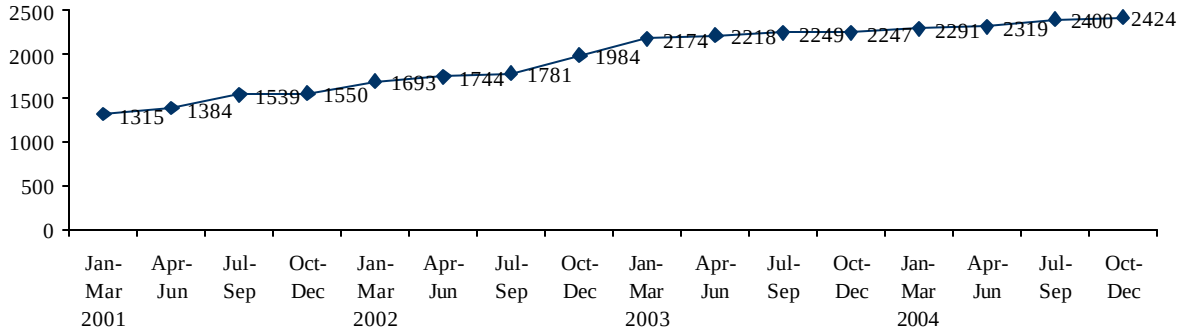
Month	Monthly Enrollment	Island					
		Oahu	Hawaii	Maui	Kauai	Molokai	Lanai
October 2004	2405	1667	269	280	148	35	6
November 2004	2434	1685	275	280	157	30	7
December 2004	2433	1691	292	255	154	34	7

Note: Enrollment information includes children provided care coordination by EIS (including Early Childhood Services Programs), Purchase of Service programs (POSP), and Public Health Nurses.

Quarterly Enrollment

The quarterly enrollments (average monthly enrollment for the quarter) since January 2001 are shown in Graph 1. Average enrollment data for the October-December 2004 quarter increased from 2400 to 2424 children, an increase of 1% from the previous quarter's average. There continues to be slight quarterly increases in the number of children identified with developmental delays or at biological risk.

Graph 1. EIS Quarterly Enrollment from January 2001 to December 2004



Note: Only partial data from Public Health Nursing Branch (PHNB) is available for January - June 2001. From July 2001 more complete data were available from PHNB.

Child Find

Child find activities continue and, based on the increasing number of infants and toddlers identified with developmental delays, are successful in informing new providers, pediatricians, and families about Hawaii's early intervention system and how to make a referral to the system. EIS participated in a variety of public awareness activities this quarter to inform the public about early intervention, including the: 1) Early Childhood Conference; 2) Foster Parent Annual Conference; 3) Early Steps to School Readiness Conference; and 4) New Baby Expo. Brochures on early intervention were provided to the several thousand individuals who attended these conferences/activities. In addition to the child find activities, trainings to community preschool teachers, day care providers

and other community providers expand the knowledge of early intervention and the referral process to community providers (see section on Training Opportunities).

The EIS website, which was launched in May 2004, continues to expand awareness of Hawaii's early intervention program not only to Hawaii residents, but nationwide. The website has an automatic link to the H-KISS referral form to simplify referrals. The website is still being expanded to provide other relevant information.

EIS continues to provide H-KISS brochures to the Healthy Start Early Identification Units to distribute to families who are either ineligible for Healthy Start or choose not to enroll in the program.

Healthy Start

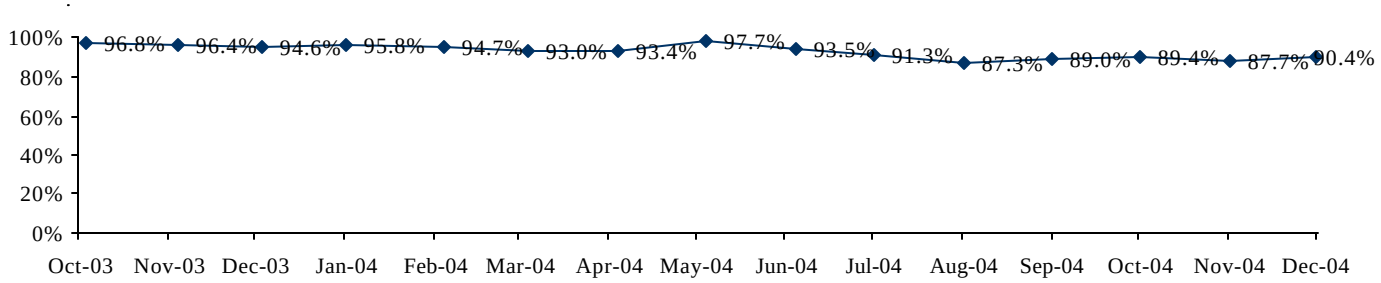
Birth rates for Hawaii for October to December 2004 are as follows:

Month	Births
October	1,287
November	1,157
December	1,266

Screen, Assessment, and Accepted Referral Rates

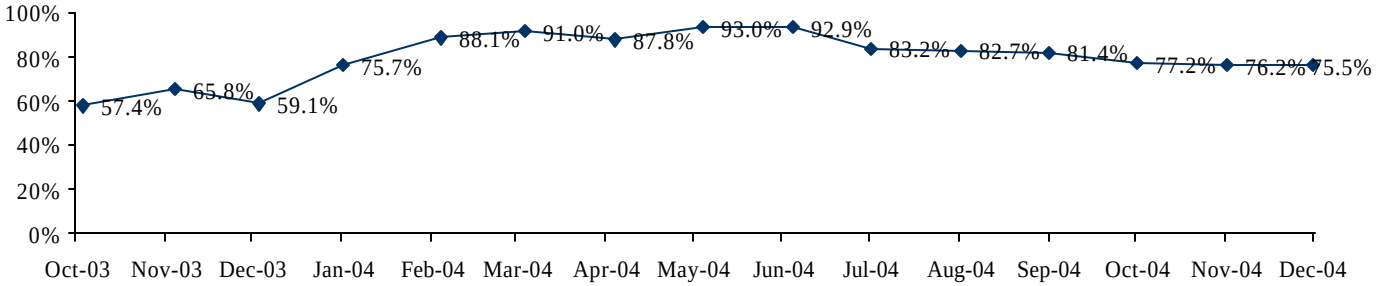
Screen rate: The completed early identification (EID) screen rate (Graph 2) has stabilized at an average of 90% over the last seven months.

Graph 2. Oahu EID Completed Screen Rate from October 2003 to December 2004.



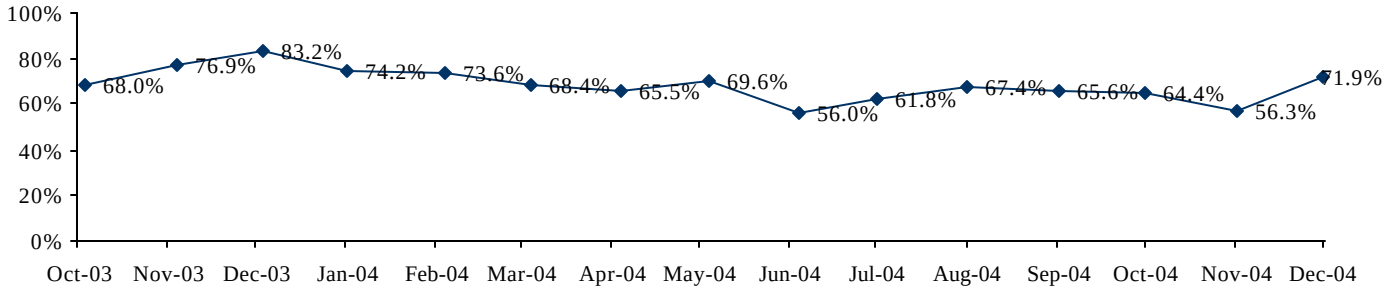
Assessment rate: The monthly EID completed assessment rates (Graph 3) for this quarter are lower than those of the previous two quarters. Factors which may be contributing to this decrease include staff turnover and vacancies. To address common barriers to acceptance of services, Healthy Start will be developing a standardized protocol for presentation of program services.

Graph 3. Oahu EID Completed Assessment Rate from October 2003 to December 2004.



Referral rate: The referral rate increased substantially during December 2004 (Graph 4). This was a result of the EID Oahu provider following the recommendations of the Quality Assurance Specialist to focus on improving the referral rate.

Graph 4. Oahu EID Accepted Referral Rate from October 2003 to December 2004.



The Quality Assurance Specialist has been continuously working with the new Oahu EID provider. This provider's performance may be attributable to a combination of factors, including that new strategies must be given time to be fully implemented, and that full implementation of corrective action may vary within the site. The Oahu EID provider has elected to obtain additional training independent of the Healthy Start Network to increase the percentage of families accepting Healthy Start family support services.

New Enrollment

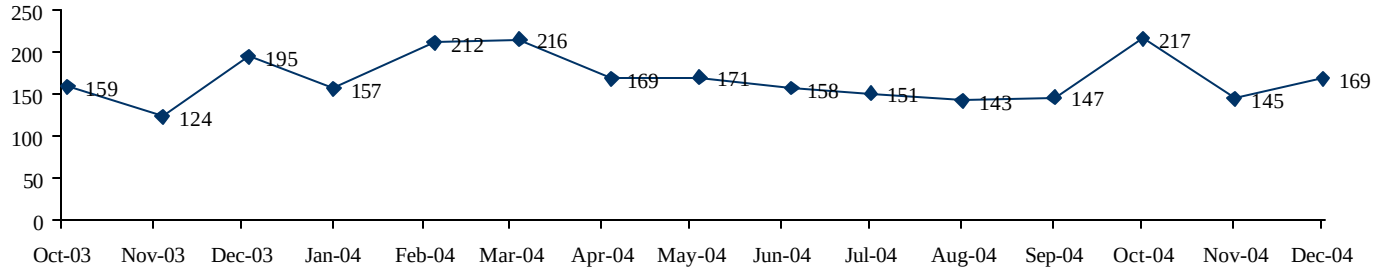
A total of 531 infants and toddlers were newly enrolled in home visiting services during this quarter (Table 2, Graph 5). Oahu has the most fluctuation in enrollment. Contributing factors include varying number of births, varying number of positive screens/assessments, voluntary nature of acceptance of referrals to home visiting services, staff turnover, and protocols for addressing barrier to acceptance. The Oahu EID POSP is continuing to strengthen strategies to increase and maintain all completion rates. The average monthly enrollment statewide for this quarter (177) was 20% higher than that for the previous quarter (147).

Table 2. Healthy Start New Enrollment Data from October to December 2004

Month	New Enrollment*	Island					
		Oahu	East Hawaii	West Hawaii	Maui/Lanai	Kauai	Molokai
October	217	144	18	18	21	13	3
November	145	89	13	13	18	8	4
December	169	122	13	9	19	5	1

* Does not include prenatal enrollments.

Graph 5. Healthy Start New Monthly Enrollment from October 2003 to December 2004.



Active Enrollment

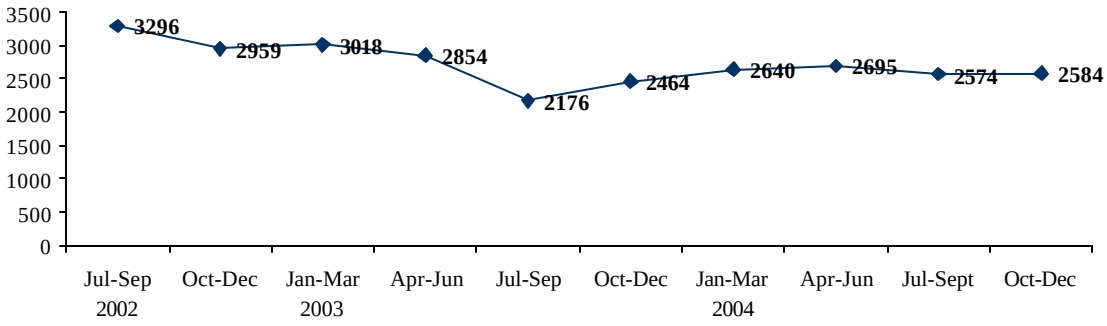
The monthly active enrollment (families remaining in home visiting services) was stable for the quarter (Table 3).

Table 3. Healthy Start Monthly Active Enrollment for October to December 2004

Month	Active Enrollment	Island					
		Oahu	East Hawaii	West Hawaii	Maui/Lanai	Kauai	Molokai
October	2586	1692	287	229	197	120	61
November	2574	1686	272	223	206	124	63
December	2592	1703	262	219	2143	128	67

The average quarterly enrollment (Graph 6) for this quarter was similar to that for the previous quarter. Average quarterly enrollment rates have remained relatively stable throughout 2004.

Graph 6. Healthy Start Average Quarterly Enrollment from July 2002 to December 2004



Service Gaps

The tables below provide information on service gaps for EIS, PHNB, and Healthy Start providers for October-December 2004. Service gaps are divided into two types: full service gaps where no services were provided to the child, and partial service gaps where alternative services were provided. For children receiving multiple services, when a specific therapist is not available, there is generally a partial service gap, since another therapist, using a transdisciplinary format, will provide services. If the child requires only 1 service (e.g., speech therapy) and a therapist is unavailable to provide direct services, there will be a full service gap. When this occurs, the care coordinator typically will provide information on activities that the family can use with their child to support his/her development until a provider is available.

Full Service Gaps

Full service gaps (Table 4) decreased this quarter (30 full gaps) compared with the previous quarter (40 full gaps). A total of 24 children (13 on Oahu, 10 on Maui, 1 on Hawaii) were impacted over the quarter, with some children having multiple service gaps.

Table 4. Full Service Gaps by Month

Service Gap		October	November	December
Occupational Therapy		1 (Oahu) 1 (Maui)	1 (Oahu)	4 (Oahu)
Physical Therapy		1 (Oahu) 3 (Maui)	1 (Oahu) 1 (Maui)	1 (Oahu) 1 (Hawaii)
Special Instruction		-	-	1 (Oahu)
Speech Therapy		3 (Oahu) 5 (Maui)	4(Oahu)	2 (Oahu)
Total Number of Full Gaps	Oahu	5	6	8
	Maui	9	1	-
	Hawaii	-	-	1
	Total	**14**	**7**	**9**
Total Number of Children	Oahu	5	5	6
	Maui	9	1	-
	Hawaii	-	-	1
	Total	**14**	**6**	**7**

Partial Service Gaps

Partial service gaps (Table 5) decreased this quarter (97 partial gaps) compared with the previous quarter (108 partial gaps). The total number of children impacted over the quarter was 60 children (30 on Oahu, 28 on Maui, 2 on Hawaii).

Table 5. Partial Service Gaps by Month

Service Gap		October	November	December
Occupational Therapy		3 (Oahu) 16 (Maui)	1 (Oahu) 7 (Maui)	4 (Oahu) 7 (Maui)
Physical Therapy		3 (Oahu) 1 (Hawaii) 9 (Maui)	2 (Oahu) 6 (Maui)	-
Special Instruction		-	-	2 (Oahu)
Speech Therapy		2 (Oahu) 13 (Maui)	-	3 (Oahu) 1 (Maui)
Vision Services		1 (Oahu)	1 (Oahu)	1 (Oahu)
Speech Evaluation		4 (Oahu)	-	1 (Oahu)
Occupational Therapy Evaluation		1 (Oahu)	-	-
Physical Therapy Evaluation		1 (Hawaii)	1 (Hawaii)	-
Comprehensive Developmental Evaluation		5 (Oahu)	3 (Oahu)	2 (Oahu)
Total Number of Partial Gaps	Oahu	15	7	13
	Maui	38	13	8
	Hawaii	2	1	-
	Total	**55**	**21**	**21**
Total Number of Children	Oahu	15	7	13
	Maui	25	12	7
	Hawaii	2	1	-
	Total	**42**	**20**	**20**

Reasons for Gaps and Actions to Reduce Gaps

There are several reasons for gaps consistent across islands:

Staff Shortages. The main reason for gaps (both full and partial) is that staff shortages occur when positions are vacant and the program is in the process of recruiting new staff. This is particularly relevant on the island of Maui as there currently are vacancies in the areas of Physical and Occupational Therapy. Although Maui is actively recruiting staff, this can be a lengthy process due to the lack of sufficient providers within the state and the need to recruit from the mainland. Programs usually respond by revising schedules so that all children receive some services. Successful recruitment is also impacted by the funds available for salaries. While additional funds to support higher salaries to attract applicants and to be more competitive were requested and approved for Purchase of Service (POS) programs, there continues to be turnover that results in gaps.

Vacation/Sick Leave. Gaps also occur when staff is on vacation and/or sick leave, as there generally are not additional providers to fill in and meet the IFSP requirements. As noted in the section above, programs usually respond by revising schedules so that all children receive at least some services identified on the IFSP.

Providing Services on Weekends or After Work Hours. Another reason for gaps is the inability to provide services on weekends or after work hours to meet family needs. While programs attempt to schedule services at times convenient to families, there are generally fewer service options during weekends and after hours. Programs will generally try to serve the child during work hours while they work them into their "after hours" schedule. This is not always possible and the result is a service gap.

Scheduling Errors/Lack of Documentation. On occasion, program staff will inadvertently not contact a family to schedule a service identified on the IFSP. As soon as this is identified, the family is contacted to schedule the missing appointment, but it still will result in a service gap. Similarly, staff may not document that the service did occur, resulting in difficulty confirming that the service did occur.

Actions to Reduce Gaps.

1. The paperwork to convert the vacant physical therapist (PT) position at Wahiawa Early Childhood Services Program (ECSP) back to permanent status was completed and the program recently received a list of applicants to interview. If no one is interested, a request will be made to recruit above the minimum so the position can be filled

2. Two of the three new early intervention programs on Oahu are accepting referrals for newly identified children. The third program will begin to receive referrals of newly identified children by mid-January 2005. When fully functioning, it is expected that there will be fewer service gaps and more comprehensive services for eligible children and their families on Oahu.

3. Contracts have been executed for additional fee-for-service providers to fill gaps when state programs have staff vacancies and to support children who are provided care coordination by the EIS Care Coordination Unit but not enrolled in an early intervention program. Early intervention special funds and some of the Healthy Start appropriated funds will be used to cover the deficit in general funds, and it is expected that once authorization to expend the funds is received, the additional new providers will decrease service gaps.

4. EIS continues to review different service delivery models, including the use of transdisciplinary services, with consultation by other therapists, to meet the outcomes listed on the IFSP. While the majority of children enrolled in early intervention programs receive transdisciplinary services, this service option is not appropriate for some children. Service delivery decisions are based on the individual needs of each child and must be made at the IFSP meetings by the entire team. Additional training in the transdisciplinary service delivery method continues to be provided to ensure that recommended IFSP services are appropriate.

All children served at early intervention programs (as compared to receiving services from fee-for-service providers), who had a partial service gap received other services, generally through a transdisciplinary model of service delivery to support the overall needs of the child and family.

Personnel

Goal: 90% of EIS social work positions are filled.

EIS has a total of 48 social work positions statewide. Forty-four (44) positions provide care coordination services. The remaining 4 positions provide administrative functions and are included in the data on administrative positions. At the end of December 2004, 40 of the 44 state social work positions that provide care coordination services, or 91%, were filled, surpassing the goal of 90%. Three vacant positions are on Oahu (two at EIS, one at Lanakila ECSP); the remaining vacant position is in North Hawaii. The four newly converted Social Worker (SW) IV positions at the DOH ECSPs are now filled, and there remains only one vacancy at a state program, where the SW III applied for and was hired into the SW IV position. While lists from the Department of Human Resources Development have been received, continuous recruitment must occur to improve our ability to recruit, interview, and fill vacant positions in a timely manner.

The following table provides information on the 44 social work positions that provide care coordination services, by island and statewide as of December 2004.

Table 6. Percentage EIS Social Work Positions Providing Care Coordination and Filled, by Island, as of December 2004.

Island	SW Positions Total #	SW Positions Filled #	SW Positions Filled %
Oahu	29	26	90%
Hawaii	7	6	86%
Maui	5	5	100%
Kauai	3	3	100%
Total	**44**	**40**	**91%**

Not included in the above table are the following 6 positions (5.0 FTE) that provide care coordination and are funded by the POS contracts: 0.5 FTE care coordinator position for Molokai's Ikaika program; 0.5 FTE social work position for Salvation Army; 1.0 FTE social worker for Imua on Maui; 2.0 FTE social work positions for the Easter Seals Kapolei POS program on Oahu; and 1.0 FTE for the Easter Seals Waipahu POS program on Oahu. Funds were included in the Ikaika, Salvation Army, Kapolei, and Waipahu programs as there are no designated DOH social work positions assigned to these

programs. Funds were added to the Imua contract for an additional social worker/care coordinator to support the increased number of children served.

One EIS social worker has been assigned to support the Easter Seals Windward EI program and two EIS social workers have been identified to support the Kapiolani Medical Center's Central EI program, as soon as the program is operational and receives referrals of new children from H-KISS. EIS is closely monitoring the enrollment of children in the new POS programs to ensure that assigning social workers from the EIS Care Coordination Unit will not negatively impact the ability of this unit to provide care coordination and social work support to the families still being assigned to this unit.

One social worker on maternity leave is expected to return mid-January 2005.

Goal: 90% of EIS direct service positions are filled.

EIS has 43 direct service positions statewide. These positions include early intervention therapists (speech-language pathologists, occupational therapists and physical therapists), psychologists, special education teachers, vision and hearing specialists, a nutritionist, and paraprofessionals. Not included are the Early Childhood Services Unit (ECSU) supervisor and ECSP Managers, as they spend the majority of their time providing administrative supervision and support to program staff. They are included in the count of administrative positions in Table 8. At the end of December 2004, 40 of the 43 direct service positions, or 93%, were filled, surpassing the goal of 90%.

The following table provides information on direct service positions statewide and by island:

Table 7. EIS Direct Service Positions by Island, as of December 2004.

Island	Direct Service Positions – Total #	Direct Service Positions – Filled #	Direct Service Positions – Filled %	Vacant Positions
Oahu	37	35	95%	PT III – 1, PMA-II – 1
Hawaii	6	5	83%	SLP IV – 1
Total	**43**	**40**	**93%**	–

Note: PT = physical therapist; SLP = speech-language pathologist; PMA = paramedical assistant

In addition to EIS direct service staff, EIS has over fifty contracts with fee-for-service providers who support the direct service staff. As noted in the section on Service Gaps, these contracted providers serve eligible infants and toddlers when there are staff vacancies and/or increases in referrals that cannot be met by either the ECSP or POS staff. They also help support the ECSPs when the service needs of enrolled children exceed staff capacity, as well as the EIS Care Coordination Unit children, where the majority is not served in early intervention programs. It is expected that as the 3 new POS early intervention programs start serving children, there will be less need for the fee-for-service providers. EIS will monitor the impact of the new POS programs on funding needed by the fee-for-service providers. However, it is expected that the transfer of funds from fee-for-service providers to POS programs will be gradual. To support families and children changing providers, the new therapists will have two co-treatment sessions with the current therapists, to support the new provider taking over treatment and to ease the difficulty of families in changing providers.

Goal: 90% of EIS and Healthy Start central administration positions are filled.

Early Intervention Section

The EIS increased its administrative positions statewide from 53 to 57 with the addition of a Public Health Administrative Officer and three clerk-typists at the EIS administrative office. These positions were approved in the last biennium session, are established and are in active recruitment. Other administrative positions include unit supervisors and specialists in the areas of contracts, internal service testing, public awareness and training, computer support staff, accounting staff, and clerical and billing staff. Also included in the count of administrative positions are the Social Worker V who supervises the Care Coordination Unit social workers, two Social Worker II positions who support H-KISS, Social Worker IV on the island of Hawaii who supervises seven social workers, ECSU supervisor, ECSP managers, and five Child & Youth (C&Y) Specialist IV positions who support quality assurance activities statewide. At the end of December 2004, 52 of the 57 administrative positions, or 91%, were filled, surpassing the goal of 90%.

Vacant positions include 2 of the 3 newly established clerk-typist positions, the Social Services Assistant (SSA) V for the Newborn Hearing Screening Program, a C&Y Specialist IV to support quality assurance activities on Oahu and a Social Worker II for H-KISS.

The following table provides information on the administrative positions statewide and by island:

Table 8. EIS Administrative Positions by Island, as of December 2004.

Island	Administrative Positions – Total #	Administrative Positions – Filled #	Administrative Positions – Filled %	Vacant Positions
Oahu	51	46	90%	SSA V; C&Y Specialist IV; Clerk-Typist-2; SW II (for H-KISS)
Hawaii	5	5	100%	–
Maui	1	1	100%	–
Total	**57**	**52**	**91%**	–

Healthy Start

Healthy Start has 9 administrative positions on Oahu. These positions include a program supervisor, registered professional nurse, research statistician, and other specialists in the areas of quality assurance, data management, and contract management. There is also support staff in clerical, billing, and statistics. At the end of December 2004, three positions (Program Supervisor, C&Y Specialist, and Statistics Clerk) were vacant. All are under continuous recruitment. In the interim, the Quality Assurance Specialist is acting as Program Supervisor. 67% of Healthy Start administrative positions are filled.

Goal: 90% of EIS caseloads will be no more than 1:45 weighted caseloads.

The "weight" of a caseload is determined by the number of hours needed per month per family for care coordination and social work services. A child who is "monitored" receives a weight of 0.25, a child who requires 3-5 hours/month is considered "moderate" and has a weight of 1, and a child who requires 6 or more hours/month of care coordination and social work services is considered "intense" and has a weight of 3. In addition, a weight of 1 is also given to the social worker "liaison" for any child served by an early intervention program whose care coordinator is from another agency (e.g., PHN, Healthy Start). This added weight is intended to account for the program social worker's time to collaborate with the care coordinator to ensure that timelines are met, and attendance at IFSP and other collaborative meetings.

Social Workers' Weighted Caseloads

Table 9 provides information on the percentage of social workers, by island, that have a weighted caseload of no more than 1:45. Data are provided on the 44 positions that provided care coordination, which includes the 38 of the 40 filled DOH positions that provided care coordination from Table 6 (not included is the 1 Oahu staff on maternity leave and the newly hired social worker at Wahiawa ECSP who is being trained and does not yet have a caseload) and the additional 6 filled POS positions funded via the POS contracts on: Maui - 1.0 FTE, Molokai - 0.5 FTE, and Oahu (Kapolei - 2.0 FTE, Waipahu - 1.0 FTE, Salvation Army - 0.5 FTE). Of the 40 positions, only 10 (25%), had weighted caseloads not more than 1:45. In addition, one EIS social worker is currently working at 0.5 FTE as she is also a University of Hawaii School of Social Work student doing her practicum at EIS.

Table 9. Social Work Positions (DOH and POS) with Weighted Caseloads Not More than 45, by Island, as of September 2004.

Island	# Social Workers Providing Care Coordination as of December 2004	Number with Weighted Caseload No More than 45	Percent with Weighted Caseload No More than 45
Oahu	28	7	25%
Hawaii	6	3	50%
Maui & Lanai	6	2	33%
Kauai	3	1	33%
Molokai	1	0	0%
Total	**44**	**13**	**29.5%**

The percentage with the appropriate caseload is lower than expected due to the staff who are hired, but not currently providing care coordination services and the 4 vacant positions (3 on Oahu and 1 on Hawaii). When staff are unavailable, needs are met by increasing the caseload of available care coordinators and by other program staff who support the care coordination needs.

Table 10 provides information on the care coordination ratio if all positions were filled. Even if all positions are filled, the care coordination ratio still exceeds the 45:1 ratio on all islands except for Hawaii. The care coordination caseload for Maui continues to be especially high.

Table 10. Projected Average Caseloads When All the Social Work Positions (DOH and POS) are Filled and Providing Care Coordination

Island	# Social Worker Positions for Care Coordination	%FTE Social Worker Positions for Care Coordination	Total Weighted Caseload as of Dec. 2004	Average Weighted Caseload (Projected)
Oahu	34	31.25	1680	53.76
Hawaii	7*	7.00	307.75	44.0
Maui & Lanai	6	5.25	314.5	60.0
Kauai	3	3.00	161.25	53.75
Molokai	1	0.50	45.25	91.0
Total	**51**	**47.00**	**2508.5**	**53.4**

* There are 3 programs in different geographical areas of Hawaii: Hilo, Kona, and North Hawaii.

The Oahu care coordination ratio increased from the previous quarter (from 51.4 to 53.4), even with the new POS position at the Waipahu Easter Seals program.

Maui enrollment is being monitored monthly to determine if this trend of high care coordination ratio continues, and whether an additional care coordinator is needed, with consideration also that the Maui care coordinators cover the entire island of Maui as well as Lanai. Another decision to be made is whether Ikaiki (Molokai EI Program) also needs more FTE for their program. Because of the complexity of the families served in Molokai, the majority of the children and families served are considered "intense", which increases the time needed to work with the family and their "weight". Should this trend continue, EIS may also need to increase the contract funds for an additional 0.5 FTE position.

Actions to Support Care Coordination

To support the need for care coordinators, other early intervention staff (program managers and direct service staff) has assumed care coordination functions in addition to their primary role. This is only a short-term solution as it can result in more service gaps if the direct service providers reduce their direct service time to assist in providing care coordination.

Continuing their current function, public health nurses (PHNs) provide care coordination, primarily for infants and toddlers with biological risk, including medical conditions and concerns. The December 2003 child count showed that the PHNs provided care coordination to 528 infants and toddlers with special needs. The numbers of infants and toddlers requiring care coordination from PHNB has increased over the past four years (based upon December 1 child counts for 2000-2003) from 494 to 528, an increase of 7%. In addition, there has also been an increase in the complexity of medical needs of the children, which results in more time needed for PHN care coordination. Regular meetings with PHNB are scheduled to review the care coordination needs of infants and toddlers with medical concerns.

Training Opportunities

Early Intervention Section

Training provided and/or supported by EIS for October-December 2004 impacted 816 early interventionists, public health nurses, Healthy Start providers, DOE staff, Head Start staff, community preschool staff and other community providers.

There were three major areas of training that were focused on this quarter: 1) providing additional sessions of the required 3-day EI training to individuals for newly hired staff (including EIS-POS staff, PHNs, Healthy Start providers) and fee-for-service providers; 2) on-going training in the area of child development; and 3) supporting children with challenging behavior and the staff serving them. PATCH was contracted to provide a 3-day training on child development to early interventionists statewide due to multiple requests from providers. The following is a list of training topics and number of attendees during this quarter:

- **Early Intervention Orientation, Day 1: Part C and Hawaii's Requirements.** Day 1 of the 3-day training focuses on IDEA Part C, Hawaii's implementation of IDEA, the eligibility and referral process, the philosophy of family-centered services, communication skills with families and family rights. Twenty-eight (28) individuals from EIS POS Programs, PHNB, Healthy Start and contracted fee-for-service providers attended. This was a follow-up training on Oahu for new providers and current providers who were unable to attend the initial series of trainings.

- **Early Intervention Orientation, Day 2: IFSP and Care Coordination.** Day 2 of the 3-day training includes care coordination, the IFSP process, including timelines, required components, and information on natural environments. A total of 26 individuals from EIS POS Programs, PHNB, Healthy Start and contracted fee-for-service providers attended. This was a follow-up training on Oahu for new providers and current providers who were unable to attend the initial series of trainings.

- **Early Intervention Orientation, Day 3: Transition.** Day 3 of the 3-day training includes information on transdisciplinary service provision, teaming, and transition. A total of 42 individuals from EIS POS Programs, PHNB, Healthy Start and contracted fee-for-service providers attended. This was a follow-up training on Oahu for new providers and current providers who were unable to attend the initial series of trainings.

- **Child Development.** The Child Development series consists of 3 days of training. Two series were completed, on Kauai (42 individuals) and Maui (90 individuals) for a total of 132 individuals. EIS-POS, PHNs, and Healthy Start providers on these islands received this training.

- **Supporting Children with Challenging Behaviors.** The Keiki Care Project Coordinator provided 5 trainings to support staff serving young children with challenging behaviors. Three (3) presentations were at community preschools, Kamaaina Kids Ala Lani on Maui (5 attendees), Aha Punanaleo O Kawaihao on

Oahu (18 attendees), and Kahului Baptist Preschool on Maui (7 attendees). In addition, this was topic at the Hawaii Early Childhood Conference, which was attended by 59 individuals. This presentation was expanded to *"Beyond the Challenging Behaviors Basics: Bridging Service Gaps, Supporting Personal Resiliency, and Group Planning"* for the 81 attendees for the Maui Community College Early Childhood Education Department and HAEYC General Membership Meeting.

- **Transition.** The Inclusion Project Coordinator and DOE 619 Coordinator, collaborated to provide information to 65 providers on how to successfully transition children from 0-3 programs to services for children 0-5. Attendees included staff from DOE, Head Start, early intervention, and other community providers.

- **Indicators of Child Abuse and Neglect.** Eleven EIS and POS staff received this training.

- **Assistive Technology Support.** EIS Keiki Tech staff provided information and demonstrations of how to adapt toys to be used by children with physical disabilities and how to use specialized programs to create picture displays. These 4 workshops impacted 31 staff on Oahu and Maui.

- **Training and Support for Families of Children with Hearing Loss.** The first "Ohana Time" meeting was attended by 13 parents and 2 professionals, and organized by the EI Hearing Specialist, in collaboration with the Gallaudet University Regional Center. Family members were provided an opportunity to meet other family members of children with hearing loss and "talk story".

- **Other Trainings.** A training on how to implement focused monitoring was presented to 33 EIS/PHNB/Healthy Start staff to prepare them to monitor Part C children in Hawaii. Fifty-nine (59) individuals attended the Hawaii Early Childhood Conference presentation on *"Understanding Young Children's Sexual Behaviors: What is Healthy and Natural,"* presented by the Keiki Care Project and EIS psychologist. Finally, the EIS Supervisor moderated a panel presentation on "The Use of Developmental Screening Instruments" attended by 150 individuals at the statewide Early Steps to School Readiness Conference (sponsored by the University of Hawaii/Department of Pediatrics and Kamehameha Schools)..

- **Conference Support.** Fifty-four individuals, including 9 parents of children with special needs, were supported to attend the HAEYC Conference.

- **Informal Trainings/Consultants.** In addition to the more formal training discussed above, staff often provide informal, in-person and telephone support. The Inclusion Project Coordinator consulted with staff from the Seagull School in Kapolei and Fort Shafter Child Development Clinic on how to support the inclusion of children with special needs in their preschools.

Healthy Start

Healthy Start has a commitment to continued quality improvement and regularly incorporates training opportunities into this process. Healthy Start administrative program staff meets quarterly with representatives from each POSP. November 17th was the meeting date for the second quarter of fiscal year 2005. These meetings are an opportunity for continued collaboration on program development and education on timely issues, such as IDEA, Part C compliance activities. Further strengthening of the Early Intervention System continues as Healthy Start administrative staff as well as Purchase of Service Providers (POSP) take an active role in system development and improvement, including but not limited to, the IFSP and monitoring activities.

Throughout the quarter, the training POSP continued to provide the EIS IDEA Part C orientation training (Day 1 - Part C and Hawaii's Requirements, Day 2 - IFSP and Care Coordination, Day 3 - Transition) (October 11-13; October 15, 22, 29; October 25, 27, 28) as new staff join the program and require training. The refresher has yet to be planned and Healthy Start will work in conjunction with the lead agency in this endeavor.

The training POSP provided the following training:

- **Intensive Role Specific (IRS) Training for Family Assessment Workers.** This four-day (November 29 - December 3) training covered the family assessment worker's core tasks and responsibilities, according to Healthy Families America (HFA) standards, with a fifth day (December 4) covering the basic aspects of supervision.

- **Additional training.** Essential program specific training is required within six months of hire for all Healthy Start staff, including program directors. It is provided by community and content experts, with the focus on the latest research and best practice. Topics covered during this quarter included: Working with families impacted by AIDS (October 14th).

- **HFA Prenatal Project "Great Beginnings Start Before Birth".** A four-day (December 14-16) training on a prenatal curriculum was designed to improve, strengthen, and ultimately provide standards for the practice of prenatal home visiting services, including addressing challenging lifestyle behaviors such as family violence, mental health, and substance use. A unique quality of this training is the strong father involvement component. Training is done by site, with PACT Hana Like Home Visiting Program completing training first.

- **Basic Knowledge Series.** This training is for all new staff who have completed Family Support Worker (FSW) or Family Assessment (FAW) IRS training in order gain additional information necessary to fully support and strengthen families with an emphasis on child development and the parent-child interaction. This four-day training occurred November 15-19.

- **Basic Skills Series.** This training is for all new staff who have completed FSW or FAW IRS training in order to further develop the skills needed to successfully accomplish their role responsibilities including observation and assessment, documentation, communication, and creative outreach. This four-day training occurred October 19-21.

- **Intensive Role Specific Training for the Child Development Specialist (CDS) position.** All new CDS attended this one-day seminar (December 10th) to review role and responsibilities in relation to the model. CDS Supervisors were also strongly urged to attend.

In addition, Healthy Start administrative staff provided the following training:

- **Intensive Role Specific Training for the Clinical Specialist (CSp) position.** All CSp attended this one-day seminar (September 23rd) to review the model, documentation and reporting requirements, and tools. Several CSp Supervisors and Program Directors also attended. Staff had ample time to ask questions and to share implementation strategies as well as plan for future quality improvement activities related to model efficacy.

- **Intensive Role Specific Training for the Child Development Specialist (CDS) position.** All CDS attended this one-day seminar (November 16th) to review the model, documentation and reporting requirements, and tools. Several CDS Supervisors and Program Directors also attended. Staff had ample time to ask questions and to share implementation strategies, including alignment with activities of the Early Intervention System.

- **Intensive Role Specific Training for the Clinical Supervisor (CS) position.** All CS attended this one-day seminar (November 4th) to review the model, documentation and reporting requirements, and tools. Several Program Directors also attended. Staff had ample time to ask questions and to share implementation strategies, including alignment with activities of the Early Intervention System, specifically the IFSP and compliance requirements.

Quality Assurance

Early Intervention Section

The EIS approach to quality assurance (QA) is that, through a variety of specific activities, the State is assured that 1) all children under the age of 3 with developmental delays and their families are provided, through a family-centered, community-based, coordinated process, the necessary early intervention services to meet their needs; and 2) all services are provided in conformance with federal IDEA Part C and state requirements.

As reported in the Improvement Plan Final Report that was due to the Office of Special Education Programs (OSEP) July 1, 2004, EIS, as representing the lead agency (DOH) for all Part C eligible children, developed a 4 year cycle in which all EI Programs (EIS, PHNB, Healthy Start) would participate. The cycle includes:

1) on-site monitoring
2) focused monitoring
3) program self-assessment
4) child/family outcomes

Each cycle will also include a family feedback process, which may consist of surveys, focus groups, interviews, etc.

Recent feedback from OSEP on the submission of both last year's Annual Performance Report and the Improvement Plan Final Report found several areas of non-compliance, including: 1) not ensuring that the State's monitoring process adequately identified areas of non-compliance; 2) incomplete IFSPs; 3) not providing all children with Comprehensive Developmental Evaluations (CDE); and 4) not providing timely transition conferences for children exiting Part C and entering DOE's special education preschool program. The main reason for these findings was that data from the previous on-site monitoring were inconsistent across agencies and therefore could not be considered valid and reliable. Other reasons for the findings were that programs were using IFSPs that did not include all the required components, and CDEs were not available for all children.

The following information describes what Hawaii's Part C program and its agencies (EIS, PHNB, and Healthy Start) are doing to assure compliance with Part C.

On-Site Monitoring
On-site monitoring was completed in 2004; information on the findings was included in the July-September 2004 quarterly sustainability report.

Focused Monitoring
Focused Monitoring is being developed in response to the concern raised by the results of the On-Site Monitoring, specifically the inability to use the monitoring results to determine Hawaii's compliance with IDEA Part C requirements due to the inconsistency of instruments and procedures across Part C agencies. Therefore, to be consistent across Hawaii's Part C programs (EIS, PHNB, and MCHB/Healthy Start), it was determined that there will be: 1) one monitoring instrument to be used statewide, developed by EIS with input from all Part C agencies; 2) the development and use of statewide criteria to identify charts to review, again, with the criteria developed jointly by the agencies; and 3) consistency in the training of monitors to utilize the monitoring instrument. The consistency will be achieved by having the EIS staff person who led the process to develop the instrument both develop and provide the training. The training will include a practical component whereby all monitors practice using the tool to assure reliability. As part of the instrument development, the tool was piloted using charts and IFSPs from EIS, PHNB, and Healthy Start. Monitoring is scheduled for the period December 2004 – January 2005 so that results from the monitoring activities can be included in the next Annual Performance Report due to OSEP by March 31, 2005. It is expected that with more consistency across instruments and training, more valid and reliable data will be collected which will result in more accurate determinations of early intervention compliance with Part C requirements.

A minimum of four charts will be identified for monitoring at each EIS/PHNB/Healthy Start program or site. Because the concerns identified in the area of transition planning, including scheduling the required transition conference, at least 50% of the charts will be of children at least 2 years 10 months. The monitoring instrument was developed with sufficient questions in the area of transition planning to provide the necessary and required feedback to OSEP.

Also, as part of the focused monitoring process, a statewide parent survey was developed and will be distributed to a sample of parents served by EIS, PHNB, and Healthy Start so feedback on their opinions/satisfaction on early intervention services can be obtained.

As a result of the focused monitoring, data will be available to determine the compliance of Hawaii's Part C programs with federal and state requirements.

Other on-going activities to support concerns raised by OSEP are:

1) the development of a statewide IFSP, developed with input from EIS, PHNB, and Healthy Start, that meets federal and state requirements. This instrument is expected to be in use by March 2005;
2) the availability of agencies to provide CDEs to children not served in an early intervention public or private program; and
3) scheduling the next EIS Program Managers' meeting to include PHNB Supervisors and DOE 619 (preschool) Coordinators to further discuss issues around transition.

Child/Family Outcomes

DOH, as well as OSEP, is interested in determining the effectiveness of EI in supporting outcomes of children and their families. There are a number of activities in process to support this effort.

Internal Reviews

Internal Reviews (which utilize the Felix Service Testing protocol) provide the opportunity for an objective observation of a child's and family's progress and to what extent the system supports the child and family.

2003-04: In 2003-04 EIS intended to identify and monitor one Part C child per complex, unless there was no child that met eligibility or if the families of children in the complex did not consent to be reviewed. Forty EI children were reviewed during the 2003-2004 school year; the only complex not included was Lanai, as no children qualified for the internal review. All 40 children (100%) reviewed had a positive outcome for child status, whereas only 33 (82.5%) had a positive outcome for system performance. Major areas of concern for the 7 children who did not pass system performance included: Functioning Service Team, Unity of Effort Across Agencies, Coordination of Services, and Problem-Solving.

2004-05: During the school year 2004-2005, EIS is increasing the number of children per complex to review from one child to 2 children, for a total of 82 children. Again, the only reason for participation not to occur is if there are no Part C eligible children in a specific complex, or if the families of children in the complex do not consent to be reviewed. During the first semester (October-December 2004), 32 children were reviewed across 19 complexes. Kohala was the only complex that was not reviewed, due to either children not being identified, or the lack of timeliness in getting consents signed. Only one child was reviewed in four complexes for the above reason(s). Of the 32 children reviewed, 31 (97%) had a positive outcome for child status and 27 (84%) had a positive outcome for system performance. Areas of concern for not meeting the required 85% were similar to the previous year: Functioning Service Team, Unity of Effort Across Agencies, Coordination of Services, and Problem-Solving.

Efforts to Support Concerns Raised During Internal Reviews: EIS has developed procedures to both provide feedback to the agencies that provide care coordination and/or services to children reviewed on the results of the internal reviews, and to support the review procedure.

1) The EIS Felix Coordinator will contact each program manager/supervisor on the results of the internal review, regardless of the results. However, when a child does not pass, there will be immediate contact with specific information on what caused the determination of "not passed", while ensuring that the confidentiality as described in the family's consent form is respected. The program manager/supervisor, EIS Supervisor, PHNB Chief, and MCHB Supervisor of the involved agencies will be immediately informed. The feedback for all children will include both strengths and needs. There will be additional data analysis for children who did not pass the review.
2) There will be increased involvement with the Complex Improvement Process. This is being developed in conjunction with the DOE.
3) Meetings were held with both EIS Program Managers (public and private) and PHNB Supervisors regarding the results from school year 2003-04 as well as concerns raised during the current review process.
4) A meeting has been scheduled with Child Welfare Services (CWS) administrators to discuss the review findings, as it has been determined that "not passing" was increased when CWS was involved.

Participation in Nationwide Efforts to Identify Appropriate Child and Family Outcomes
Hawaii's Part C Coordinator was invited to participate in a workgroup organized by the Early Childhood Outcomes (ECO) Center to identify appropriate child and family outcomes that will be presented to OSEP as possible nation-wide child and family outcomes. In addition, the Stanford Research Institute (SRI) in collaboration with EIS submitted and received funding for a grant proposal to identify and pilot outcome indicators with all Hawaii's Part C programs. Hawaii may choose to utilize the national outcomes being developed, or expand these to be more specific to Hawaii's population.

Roles and Responsibilities of EIS Quality Assurance Specialists
The 5 Quality Assurance (QA) Specialists continue to expand their roles in the area of quality assurance through the following activities:

- Participating in the Internal Review process.
- Regular meetings with the staff of programs they are assigned to, and assistance in program activities (e.g., review charts to determine IDEA Part C compliance, review quarterly reports) as requested by program managers.
- Facilitating collaborative meetings for staff of different agencies that serve the same child (e.g., Imua Family Services, Healthy Start, and PHNB).
- Being a resource regarding IDEA Part C requirements.
- Supporting programs in developing and implementing Improvement Plans to meet identified needs based on monitoring results.
- Attending DOE complex meetings to work on Complex Improvement Plans.
- Supporting the development of EIS documents, such as program quarterly report forms.
- Participating on EIS committees, including Family Feedback, data system development, statewide IFSP, focused monitoring planning, etc., committees.
- Attending EIS Program Manager meetings to support their understanding of issues that impact all early intervention programs.

Healthy Start

Healthy Start staff have actively participated in developing and implementing the state's Early Intervention system to assure that all environmentally at-risk children age 0-3 years and their families are provided, through a family-centered, community-based, coordinated process, the necessary early intervention services to meet their needs. This includes full participation in all Early Intervention quality assurance activities. Recent activities have included development, implementation, and training for Year 2 Focused Monitoring, part of the 4 year EI Program cycle, as well as development of a statewide IFSP, Internal Review activities, and development of Child and Family Outcomes.

In addition to quality assurance activities related to IDEA, Part C, Healthy Start is also primarily engaged in specific quality assurance activities related to program and contractual requirements (on-site monitoring and related technical assistance). As POSP move into the last six months of the current two-year contract ending June 30, 2005, on-site monitoring visits were completed and specific quality improvement plans implemented. These plans include improvement related to the IFSP (the focus of Year 2 EI System Focused Monitoring).

In addition to the above, quality improvement activities related to model efficacy continue:

- Responding to the latest research evaluation findings from Johns Hopkins University on father involvement and training issues related to increasing proper usage and utilization of developmental screens and improved identification, monitoring, and documentation of environmental risk factors for decreased parental stress.
- Continuing development of a Quality Improvement System with particular attention to engagement and retention of both prenatal and postnatal families.
- Development and implementation, in conjunction with Department of Human Services, Child Welfare Service (CWS), of pilot projects in East and West Hawaii to service CWS active families.
- Implementation of the newly revised Level Movement System.
- Continuing refinement of the model Standards and Guidelines, the Child Development Specialist model, and the Clinical Specialist model.
- Establishing quality control procedures related to data collection, entry, analysis, and reporting to ensure credibility, especially in relation to data related to IDEA, Part C compliance.

Funding

Early Intervention Section

A total of $7,694,737 in state funds (Table 11) was appropriated and $8,064,737 was allocated for FY 2003 (difference due to additional funds authorized by the Legislature for collective bargaining increases). A total of $8,704,521 was both appropriated and allocated for FY 2004. A total of $8,680,021 was appropriated and $8,799,576 was allocated for FY 2005 (difference due to additional funds authorized by the Legislature for collective bargaining increases). The majority of the first quarter allocation supports POS and fee-for-service contracts.

Table 11. EIS Allocations and Expenditures/Encumbrances – State Funds

	Allocation	Cumulative Allocation to End of Quarter	Cumulative Expenditures/ Encumbrances at End of Quarter[1]
Fiscal Year 2003			
1st quarter – July-Sept. 2002	4,388,046	4,388,046	4,454,908
2nd quarter – Oct.-Dec. 2002	982,682	5,370,728	5,485,221
3rd quarter – Jan.-Mar. 2003	1,614,500	6,985,228	7,189,111
4th quarter – Apr.-June 2003	1,079,509	8,064,737	8,199,260
Fiscal Year 2004			
1st quarter – July-Sept. 2003	5,110,381	5,110,381	5,273,077
2nd quarter – Oct.-Dec. 2003	1,382,500	6,492,881	6,572,738
3rd quarter – Jan.-Mar. 2004	1,105,000	7,597,881	8,137,074
4th quarter – Apr.-June 2004	1,106,640	8,704,521	9,305,774
Fiscal Year 2005			
1st quarter – July-Sept. 2004	5,260,161	5,260,161	5,315,096
2nd quarter – Oct.-Dec. 2004	1,345,500	6,605,661	6,818,039 [2]
3rd quarter – Jan.-Mar. 2005	1,105,500		
4th quarter – Apr.-June 2005	1,088,415		

[1] Source: Financial Accounting and Management Information System (FAMIS) report.
[2] Information as of 1/7/05.

EIS also receives federal Part C funds (Table 12) for early intervention services. These funds increased from $2,127,667 for FY04 to $2,194,384 for FY 05.

Table 12. EIS Allocations and Expenditures/Encumbrances – Federal Part C Funds

	Allocation	Cumulative Allocation to End of Quarter	Cumulative Expenditures/ Encumbrances at End of Quarter[1]
Fiscal Year 2003			
1st quarter – July-Sept. 2002	968,112	968,112	957,253
2nd quarter – Oct.-Dec. 2002	417,000	1,385,112	1,292,707
3rd quarter – Jan.-Mar. 2003	417,000	1,802,112	1,598,267
4th quarter – Apr.-June 2003	241,176	2,043,288	2,043,288
Fiscal Year 2004			
1st quarter – July-Sept. 2003	1,029,505	1,029,505	665,674
2nd quarter – Oct.-Dec. 2003	384,000	1,413,505	1,023,325
3rd quarter – Jan.-Mar. 2004	387,500	1,801,005	1,428,830
4th quarter – Apr.-June 2004	325,662	2,127,667	2,127,667
Fiscal Year 2005			
1st quarter – July-Sept. 2004	995,671	995,671	663,772
2nd quarter – Oct.-Dec. 2004	416,515	1,412,186	686,145 [2]
3rd quarter – Jan.-Mar. 2005	426,000		
4th quarter – Apr.-June 2005	428,227		

[1] Source: FAMIS Report
[2] Information as of 1/10/05.

Additional funding for EIS services has been from the EI Special Fund into which the Medicaid reimbursement for EI services are deposited.

Healthy Start

In FY 2003, a total of $21,689,277 in state funds was appropriated and $21,721,338 was allocated (difference due to additional funds authorized by the Legislature for collective bargaining increases).

In FY 2004, a total of $19,217,620 in State and Tobacco funds were appropriated and allocated. The 2003 Legislature had reduced State funds $2.5 million due to the decreased need for POSP contract funds, and replaced $5,336,023 of State funds with Tobacco funds. During the fourth quarter of FY 2004, as a result of the initial performance of new POSP and the resulting lower than expected expenditures, $475,000 of state funds were transferred to EIS to support their deficit; this reduced the total Healthy Start state funds to $13,406,597 (see footnote 5 below).

In FY 2005, a total of $16,625,102 in State and Tobacco funds were appropriated and allocated. The 2004 Legislature reduced the FY 2005 state appropriation from $13,969,953 to $11,877,435, and reduced the Tobacco funds from $5,247,667 to $4,747,667.

The following table shows allocations and expenditures/encumbrances:

Table 13. Healthy Start Allocations and Expenditures/Encumbrances

	Allocation	Cumulative Allocation to End of Quarter	Cumulative Expenditures/ Encumbrances at End of Quarter[1]
Fiscal year 2003 [3]			
1st quarter – Jul.-Sept.2002	21,456,994	21,456,994	21,288,724
2nd quarter – Oct.-Dec. 2002	88,114	21,545,108	21,380,322
3rd quarter – Jan.-Mar. 2003	88,115	21,633,223	17,676,073 [2]
4th quarter – Apr.-June 2003	88,115	21,721,338	17,235,920 [2]
Fiscal year 2004 [4]			
1st quarter – Jul.-Sept. 2003	18,882,063	18,882,063	14,094,945
2nd quarter – Oct.-Dec. 2003	161,188	19,043,251	15,803,950
3rd quarter – Jan.-Mar. 2004	87,185	19,130,436	17,269,484
4th quarter – Apr.-June 2004	(387,816) [5]	18,742,620	18,657,190
Fiscal year 2005 [6]			
1st quarter – Jul.-Sept. 2004	16,363,548	16,363,548	16,825,456
2nd quarter – Oct.-Dec. 2004	87,185	16,450,733	16,215,722 [7]
3rd quarter – Jan.-Mar. 2005	87,185		
4th quarter – Apr.-June 2005	87,184		

[1] Source: FAMIS report.
[2] POS contracts were adjusted due to lower expenditures.
[3] State funds
[4] State funds ($13,881,597) + Tobacco funds ($5,336,023).
[5] $475,000 was transferred to EIS in the fourth quarter of FY 2004, reducing State funds to $13,406,597
[6] State funds ($11,877,435) + Tobacco funds ($4,747,667).
[7] Information as of 1/20/05.

Summary

Strengths in the early intervention system from October – December 2004 include:

- ⇨ Focused monitoring was implemented at all Part C early intervention programs, including EIS public and private programs, Healthy Start contracted programs and PHN sections, utilizing the same instrument and process, to ensure reliability and validity of the data findings.
- ⇨ Part C agencies are working together to develop a single IFSP form that will be used statewide and for all children, regardless of their eligibility category.
- ⇨ The number of children/families to be reviewed as part of the Internal Review Process has increased from one to two per complex.
- ⇨ Two of the three new POS programs are operational; the remaining program will be operational mid-January 2005.
- ⇨ Regular monitoring of early intervention allocations and expenditures to identify funding needs and regular meetings with DOH's Administrative Services Office have resulted in better communication and collaboration to serve Part C children served by EIS and Healthy Start, including sharing of resources when possible.
- ⇨ EIS has exceeded the goal of having more than 90% of social workers, direct service staff, and administration staff positions filled.
- ⇨ Medicaid reimbursements for EI services were received and a portion of the funds were used for EI services.
- ⇨ A legislative bill has been written to allow the use of additional EI special funds for FY 2005 services to meet increased needs.
- ⇨ Dedicated direct service staff at EIS and public and private early intervention programs are working diligently to meet the needs of the expanding number of children identified with developmental delays statewide and their families.
- ⇨ There are on-going meetings with DOE and CWS to determine how to increase collaboration to support the needs of children with special needs and their families.
- ⇨ On-going meetings between EIS, Healthy Start, and PHN staff support collaboration and continuity for Hawaii's Part C eligible children.

Challenges to the early intervention system from October – December 2004 include:

- ⇨ The increase in the identification of children with developmental delays has led to high care coordination ratios. The high ratios may impact service gaps and internal review results due to the lack of time to collaborate sufficiently with involved agencies and families. They need to be closely monitored to ensure that families are being provided the support needed.
- ⇨ The increased number of children identified as IDEA Part C eligible has resulted in increased costs in meeting their service needs. This has resulted in the need to use FY 2005 funds to pay for FY 2004 services, which then impacts the ability to pay for FY 2005 services. A request to access more EI special funds will be submitted to help meet the increased service needs.
- ⇨ The difficulty of hiring experienced early intervention staff with the available funds impacts the ability of the private sector to expand services to meet statewide needs.
- ⇨ Additional training is needed for Healthy Start's EID agency to increase the percentage of families to accept Healthy Start family support services.